

NOTABLE PLAN AND PROGRAM CHANGES EFFECTIVE JANUARY 1, 2004

All Dual-Choice plan changes and coverage changes take effect on January 1, 2004. To change plans, your payroll office must receive your application by 4:30 p.m. on Friday, October 24, 2003.

All plan and provider network changes are made at the request of the plan. Plans' telephone numbers and addresses are shown on the inside back cover of this booklet.

→ PLANS NO LONGER AVAILABLE

- **CompcareBlue North** is **No Longer Available** as of January 1, 2004. Subscribers enrolled in this plan **must** select another plan for 2004.
- **SMP** is **No Longer Available in Marinette county**. Subscribers enrolled in this plan **must** select another plan for 2004.

→ PLANS NEWLY AVAILABLE

- **CompcareBlue Southeast** will be available as of January 1, 2004. CompcareBlue Southeast is located in Kenosha, Ozaukee, Racine, Walworth, Washington, and Waukesha counties. This HMO offers Uniform Benefits.

→ SIGNIFICANT PLAN PROVIDER NETWORK CHANGES

- **SMP will be newly available in Clark, Langlade, Marathon, Oneida, Portage, Price, Taylor, Vilas and Wood Counties** effective January 1, 2004.
- **A number of plans have changed their service areas, some have made significant changes.** Please refer to the map on page A-3 and the Plan Descriptions in Section G. Verify with your plan that your provider(s) is still available to you in 2004.
- **Note:** Your current health plan is required to provide you with a list of all plan providers that will not be available to you in 2004. You should contact your plan and request this information if you have not received it by October 10th.

→ CHANGES TO ALL PRESCRIPTION DRUG COVERAGE

- **Prescription Benefit Manager (PBM).** Prescription drug administration will be provided through one vendor in 2004 for all members. No matter which plan you choose, (HMO, Standard Plan, SMP) you will have your drug coverage through Navitus Health Solutions (Navitus). You will be receiving a separate identification card from Navitus. It will have an identification number different from your health plan identification number. **Effective January 1, 2004 you MUST show this new card to your pharmacist.** If you don't present your card, you may be responsible for additional charges over the copayment.
- **Prescription Drug Card Copayment.** A three level prescription drug copayment structure is being implemented this year. The prescription drug card copayment for level 1 formulary drugs will be \$5 per prescription. The level 2 formulary copayment will be \$15 per prescription. The level 3 non-formulary copayment will be instituted at \$35 per prescription. For more information about this program, please see the Common Question and Answer section of this book questions , and the Uniform Benefits section.

- **Prescription Drug Out-of-Pocket Maximum.**
 - **HMO and SMP members:** The annual prescription drug out-of-pocket maximum will remain at \$300 for an individual and \$600 for a family. Level 3 prescription copayments do not apply to these out-of-pocket maximums.
 - **Standard Plan members:** New out-of-pocket maximums apply to your prescription coverage. They are \$1,000 for an individual and \$2,000 for a family. Level 3 prescription copayments do not apply to these out-of-pocket maximums. These are separate from your medical out-of-pocket maximums.

➔ **CHANGES TO STANDARD PLAN AND STANDARD PLAN II**

- **The Standard Plan** has been redesigned to add in-network and out-of-network services for January 1, 2004. This type of arrangement is often called a Preferred Provider Plan (PPP). This will still allow you to see any provider of your choice, but there are differences in reimbursements depending on whether you go to an in-network or an out-of-network provider. Note that the Standard Plan for 2004 has similarities to the benefits of the old Standard Plan and the Standard Plan II, and it is different than the Uniform Benefits offered by the HMO's. The Standard Plan II will no longer be offered effective January 1, 2004. Refer to page G-46 for more details.
- **Enrollees in Standard or Standard Plan II will automatically be placed in the redesigned Standard Plan effective January 1, 2004 unless an application is filed to change to a different plan.**

➔ **CHANGES TO UNIFORM BENEFITS**

- See page D-2 for a description of changes, including changes to prescription drug copays.

➔ **INFORMATION ON PROVIDER QUALITY**

- **Leapfrog** The Group Insurance Board supports the goals of the Leapfrog Group, an independent nonprofit organization that works with medical experts to propose solutions for hospitals that it believes will improve patient safety and quality of care. Plan Description Pages in section G have notations on which hospitals have reported information to the Leapfrog Group. You can visit the Web site at www.leapfroggroup.org to view the results. In providing this information, the DETF wants to recognize hospitals that make improvements in patient safety and quality.

➔ **OTHER INFORMATION ABOUT IT'S YOUR CHOICE**

WEB SITE: The Dual-Choice book is available on the Department of Employee Trust Funds Web site at etf.wi.gov. Additional information about the health insurance program and other insurance programs offered to annuitants is also available at this site.